SAGINAW COUNTY FRIEND OF THE COURT CONSENT ORDER/ZERO SUPPORT ORDER REQUEST FORM

The Friend of the Court prepares orders for parties who have reached an agreement as well as those who qualify for zero support due to various reasons. Parties who have reached an agreement, or, those requesting a zero support order should fill out this form and return it to: Saginaw County Friend of the Court 111 S. Michigan Ave., Saginaw, MI 48602 or by email <u>foc@saginawcounty.com</u>. <u>Please provide copies of your driver's license(s) along with the signed agreement</u>. The Friend of the Court Staff Attorney may need to contact you to clarify portions of your agreement before preparing an order. Please provide updated contact information. <u>PLEASE RETURN THIS FORM WITHIN 30 DAYS.</u>

Case Name	vvv	Case #		
	Defenda			
Address:		Address:		
Daytime Phone	Daytime	Phone		
Email:	Email:	Email:		
CONSENT ORDER REQUEST:				
The Consent Order you are reque	esting to have entered is for a cha	inge in (circle all that apply):		
1. Custody	2. Parenting Time	3. Child Support	4. Domicile	
	parenting time consent order, pleasenting times which include holiday		cal and legal custody	
If you are requesting a child supp	port consent order, please specific ust be specific as to the reason or	cally set forth the reason for th	e consent order, other	

If your agreement includes a change in custody, parenting time or child support, please provide the following (NOTE: you can ONLY set child support to zero if neither party receives state assistance, you are eligible to opt out of the Friend of the Court, or you meet other zero support criteria (contact your support specialist). Opt out requests should be sent in a separate correspondence to the Friend of the Court.)

Plaintiff's Employer:		Defendant's Employer:					
Average Weekly Hours: Hourly wage: \$ Gross Annual Income: \$ Annual Child Care Costs: \$ Medical Insurance Premium Attributable to the Children \$		Hourly Wage: \$ Gross Annual Income: \$					
					Medical Insurance Premium Attributable to		
					the Children \$		
					Number of biological children	:	Number of biological children:
			Data				
		Plaintiff's Signature	Date	Defendant's Signature	Date		

ZERO SUPPORT ORDER REQUEST:

Check box below for reason if requesting to set child support at zero. PLEASE ATTACH DOCUMENTATION SHOWING PROOF OF THE REASON YOU HAVE CHECKED BELOW. IF SUFFICIENT PROOF IS NOT GIVEN, YOUR REQUEST WILL NOT BE PROCESSED.

- Parties are married, and the marriage occurred after this action was filed.
- Parties were married before the action was filed but separated and are now living together.
- Parties are not married, but, are living together and on cash assistance (with these children) as long as both parties are on the same cash grant (TANF).
- □ Child(ren) goes to live with the non-custodial parent.
- □ Other:

Do you wish to have arrearages to payee waived (yes or no) _____

Requesting Party's Signature

Date